



Psychotherapy & Counselling
Federation of Australia

PACFA Complaints information and form 2012

Before completing the form:

Confirm the person, association or agency you wish to complain about is associated with PACFA by telephoning 0394863077.

The PACFA Complaint Form is designed to collect sufficient information for the PACFA Ethics Committee to assess the complaint as acceptable for investigation under the PACFA Code of Ethics and complaints process.

Completing the Form

- If you require extra space, please attach additional information separately.
- Attach any supporting documentation.
- Please provide details of the complaint including:
 - What happened?
 - Who was involved?
 - When did it happen?
 - Why it has caused you concern?
- It is important to include dates, times, places and people that are relevant to your complaint.

Once Completed

MAIL TO: PACFA Complaints
Psychotherapy and Counselling Federation of Australia
290 Park Street
Fitzroy North VIC 3068 OR FAX: 039486 3933

Time for response

Acknowledgement of the receipt of the complaint will be mailed to you within 10 days.

Decision of the PACFA Ethics Committee as to the jurisdiction to investigate the complaint will be mailed to you within 14 days.

Questions

Questions and assistance completing this form are available by telephoning the Complaints administrator at the PACFA office on:

Ph: 03 9486 3077

Email: admin@pacfa.org.au



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PACFA COMPLAINT FORM 2012

Postal Address: 290 Park St, Fitzroy North, Vic 3068
Telephone: 03 9486 3077 Fax: 03 9486 3933 E-Mail: admin@pacfa.org.au

1. This Complaint is about:

- Individual therapist PACFA Member Association PACFA Accredited Course
- PACFA Supervisee or Supervision of Counselling or Psychotherapy
- Trainer of Counsellors or Psychotherapists

2. Details of person/organisation who has received the service:

Mr/Mrs/Ms/Miss/Dr/Other: _____ Surname: _____

First Name: _____

Name of organisation (if applicable): _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Email: _____

Telephone (Mon-Fri 9:00am to 5:00pm) Mobile: _____

Home Phone: _____ Work Phone: _____

Date of Birth ___/___/_____

Male or Female Organisation

Preferred Language: _____

Interpreter required: Yes No

3. Details of person/organisation who is making this complaint:

As above, I am making the complaint about the service I have received

OR

I am making this complaint on behalf of the person who received the service

OR

I am making a complaint about the service received by another person which has impacted on me/other parties in relationship to the service recipient

OR

As above, complaint by or against an organisation

If so, please complete the following:

Mr/Mrs/Ms/Miss/Dr/Other: _____ Surname: _____

First Name _____

Street Address: _____

Suburb: _____ State: _____ Postcode: ___ ___ ___

Email: _____

Telephone (Mon-Fri 9:00am to 5:00pm) Mobile: _____

Home Phone: _____

Date of Birth ___/___/_____

Male or Female

Preferred Language: _____

Interpreter required: Yes No

Relationship to person who received the service:

- Parent or guardian of a child under 18 years
- Legal guardian
- Relative (please state) _____
- Health professional
- Consumer advocate
- Member of the public
- Other _____

4. Details of the provider of the service:

Please note: if this complaint is made against a Member Association, accredited course or PACFA itself, identify the actual person(s) who is the subject of this case, or is the person(s) you have been involved with. Please attach additional information if more space is needed.

Mr/Mrs/Ms/Miss/Dr/Other: _____ Surname: _____

First Name _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _ _ _ _

Course/Organisation/context in which complaint occurred: _____

Email: _____

Telephone (Mon-Fri 9:00am to 5:00pm) Mobile: _____

Home Phone: _____

5. Details of the complaint.

Please list the clauses from the Code of Ethics that you believe to have been breached and then attach a more formal and detailed statement providing examples of each breach. Please note that if you have more substantial documentation or evidence to submit, you should indicate that this is available and it can be provided later in the complaints process if required. Your attached statement will be forwarded to the respondent in due course.

6. Have you already tried to address this complaint?

Yes No

If yes, please outline what you have done and the outcome.

If no, please outline why you have not done so.

7. The outcome sought from this complaint:

8. Privacy considerations:

If you make a complaint, personal information about you and the complaint will be collected by PACFA and discussed in the prescribed PACFA Complaints Committee process. All personal information will be treated in accordance with the *Personal Information Protection Act* 2004.

In order to review this complaint, a copy of the formal and detailed statement providing examples of each breach of the PACFA code of ethics will be forwarded to the person(s) named in Section 4, as the provider of the service. In the case of third party complaints, the client recipient of the service will also be notified that a complaint has been lodged.

I agree to a copy of my complaint being sent to the respondent/organisation: Yes No

If you do not wish this to happen, please outline your reasons:

9. Consent and declaration.

Please note: if PACFA deems this complaint to be of a significantly serious nature it will be forwarded to an appropriate external agency such as the Health Care Complaints Commission or the police.

Please complete only ONE of the following:

a. I am the person/organisation who received the service and am lodging this complaint:

Signed: _____

Date: ____/____/____

OR

b. I have the consent of the person who received this service to lodge this complaint as follows.

I _____ (person who received service) give permission to _____ (person making the complaint) to lodge this complaint on my behalf.

Signed _____

Date: ____/____/____

OR

c. I do not have the permission of the person who received this service to lodge this complaint, however, I believe this complaint should be investigated because:

Signed: _____

Date: ____/____/____